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MEDICAL FALLACIES.

EXTRACTS FROM AN UNPUBLISHED WORK ON MEDICAL LOGIC, BY A WESTERN PHYSICIAN.

[Communicated for the Boston Medical and Surgical Journal.]

NOTE.—The author, from a sincere conviction that the present rage for theory, and system founded upon hypothesis, required the restraining influence of observation and reason, has been anxiously looking to the acknowledged authorities of the profession for a guide-book—one designed to direct the mind to the proper method of investigating truth—a light shining in a dark place—a law and rule to govern and measure with precision every possible system of medicine. Such a production he has not yet found; and it is believed that, with the single exception of Sir Gilbert Blane's Treatise, styled "Elements of Medical Logic," which is almost extinct, no work of the kind has ever issued from the English or American press. * * * * * *

Several departments of natural science have been fixed upon certain principles which cannot be altered—upon bases which are immovable. The prevailing facts and doctrines of astronomy, in all human probability, will abide without alteration to the end of time, for they are founded upon truth—upon unalterable *law*. Cuvier's classification of the animal kingdom has rendered zoology a perfect science—has imparted to it *system* and *certainty;* and the *Norma Verticalis* of Blumenbach, aided by the rule of Owen, is a great key in making physical researches touching mankind, without which anthropology would be devoid of any system. The same observation is applicable to philological researches. The many thousand languages of the world, by the indefatigable labors of Leibnitz, Klaproth, Abel Rémusat, and others, have all been arranged in a few families, and referred, upon philosophical principles, to one original language; and the mysterious hieroglyphics of Egypt have been so completely unravelled by the mighty mind of Champollion, that hereafter no complete inscription can be found that cannot be read according to the *system* which he has established.

We ask now, is there any universally acknowledged standard to which the labors of medical men can be brought, and by which they can be valued? Have we any agents by which the qualities of a theory can be tested? Have we any *Norma Medicalis*? We answer, unhesitatingly, we have not. True, we have the elements—but they are not *combined*—they are either scattered, or else *mixed* in such a disproportionate manner as to form rather a strange *compound*. * * *

For two years past, the author has been contemplating a work of this kind. He does not flatter himself with the idea that it will accomplish the great end which he so ardently desires—*the fixedness and certainty of medicine;* but he hopes that it may call forth the talent of those who are better able than himself to do justice to such an undertaking. In the preparation of the work access has been had to a number of popular works on logic, but use has been made chiefly of the excellent "Elements of Logic," by Archbishop Whately; and it will be found upon comparison that many definitions, &c., are taken with little alteration from that work.

EXTRACT FROM THE PREFACE.

Definition.—A fallacy is an unsound mode of arguing, bearing resemblance to sound argument, which appears to demand our conviction, and to be decisive of the question in hand, when in fairness it is not. All fallacies may be reduced to two general classes, *logical* and *non-logical.*

A *logical* fallacy is one in which the premises are correct, and the reasoning wrong. An illogical fallacy, one in which the premises are wrong, and the reasoning and conclusion either correct or incorrect.

Both classes are discoverable in many of our systems of medicine, and it is highly important that the physician, and especially the young student of medicine, should be able to detect the ingenious sophistry which is so often presented to their minds as sound argument. This, it must be acknowledged, is often a difficult task, for the skilful sophist has the art of dressing up an unsound argument in such beautiful and attractive apparel that even the close observer is sometimes deceived by appearances. And here we cannot deny ourselves the privilege of borrowing a few remarks upon this subject from the excellent treatise of Whately. Speaking of the importance of detecting fallacies (Elements of Logic, p. 156), he says, "It seems, by most persons, to be taken for granted that a fallacy is to be dreaded merely as a weapon fashioned and wielded by a skilful sophist; or if they allow that a man may, with honest intention, slide into one unconsciously, in the heat of argument, still they seem to suppose that where there is no dispute, there is no cause to dread fallacy; whereas there is much danger, even in what may be called *solitary reasoning*, of sliding unawares into some fallacy, by which one may be so far deceived as even to act upon the conclusion thus obtained. By *solitary reasoning* I mean the case in which one is not seeking for argument to prove a given question, but laboring to elicit from one's previous knowledge *some useful inference.*"

Fallacy is often difficult of detection.—"Fallacy will be the more likely to obtain reception, the more it is obscured and disguised by obliquity and complexity of expression; it is thus that it is the most likely either to slip accidentally from the careless reasoner, or to be brought forward deliberately by the sophist. Not that he ever wishes this obscurity and complexity to be perceived: on the contrary, it is for his purpose that the expression should *appear* as clear and simple as possible, while in reality it is the most tangled net he can contrive. The sophist suppresses what is *not* obvious, and uses every other contrivance to withdraw our attention from the quarter where the fallacy lies.

"Moreover, it should be remembered that a very long discussion is one of the most effectual veils of fallacy. Sophistry, like poison, is at once detected and nauseated when presented to us in a concentrated form; but a fallacy which when stated barely, in a few sentences, would not deceive a child, may deceive half the world if *diluted* in a quarto volume."

It is important that a fallacy should be opposed and refuted.—An unsound argument, when once detected, should never go unnoticed. It must be exposed and destroyed, or the cause of truth will suffer. "An unsound principle which has been employed to establish some mischievously false conclusion, does not at once become harmless, and too insignificant to be worth refuting, as soon as that conclusion is given up, and the false principle is no longer employed for that particular use. It may equally well lead to some *other* no less mischievous result."

CLASSIFICATION OF FALLACIES.

CLASS I. Logical fallacies—the conclusion not following from the premises.

- **Order I.** Purely logical.
  - Genus 1. Undistributed middle.
  - " 2. Illicit process.
  - " 3. Negative premises.
  - " 4. Fallacy of more than three terms.
- **Order II.** Semi-logical. A single genus (Ambiguity of middle term), having two species, viz.:—
  - I. Internal.
    - Var. 1. Misapplication of an ambiguous word.
    - 2. Placing cause for effect, and vice versa.
  - and II. Contextual.
    - Var. 1. Fallacy of division and composition.
    - 2. Fallacia accidentalis, &c.

CLASS II. Non-logical fallacies—the conclusion following from the premises.

- **Order I.** Premises unduly assumed.
  - Genus 1. Petitio principii.
    - Species 1. Reasoning in a circle.
    - Species 2. Assuming in proof, a proposition similar to the original question.
  - " 2. False premises.
- **Order II.** Irrelevant conclusion. Ignoratia elenchi.
  - Genus 1. Fallacy of objections.
  - " 2. Fallacy of shifting ground.
  - " 3. Using complex and general terms.
  - " 4. Mistaking coincidence for causation.

The foregoing table is taken from Whately—improved by the division into classes, orders, genera, species and varieties, and the addition of one very common kind of fallacy—the last one in the table—"*mistaking coincidence for causation.*"

We shall now define these several fallacies, and then proceed to submit several theories to the test thus established.

[To be continued.]

A GLANCE AT MEDICINE IN PHILADELPHIA.—*NO. III.*

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me in the next place to call the attention of your readers to the MEDICAL LECTURES of Philadelphia. To every physi-

cian who visits that city, these lectures cannot fail to be a matter of commanding interest. Every chair was filled during my residence there, and the professors in each of the three schools seemed, to aught that met the eye of a stranger, to be quite harmonious. After a most careful scrutiny and watching for the developments of character in my brethren who are thrown into the very rare position of three collateral faculties, almost within stone-throw of each other, appealing to the same public, commencing the same probationary exhibition of themselves in their introductories, on the same week, to hundreds of candidates who have not yet decided which faculty to patronize, depending on the impression they make on the young gentlemen what success each school is to share; under the excitement of all these caustic stimuli, I must say that, in the mass of these professors, I admired the magnanimity of their emulation. I said—"depending on the impression they make." I do not intimate that the impression from an introductory is final or omnipotent. The reputation of the Colleges and of their respective diplomas, has unquestionably more influence than the introductory lectures. But how long would the reputation of either faculty be predominant if its members should become remiss and repose on the laurels they have already acquired?

In judging thus favorably of Philadelphia competition, I do not profess to go behind the curtains. I purposely ground my remarks on what comes up to the eye of a stranger. Yet I strongly believe that, had there been much dishonorable juggling, trickery and finesse, in inveigling students from abroad to this office or that—to this or the other institution—it would have been apparent to the eye even of a stranger, who was admitted with the same freedom to their offices. I saw no such appearance. The style of the lectures, too, was generally of the right stamp. There was manifest, occasionally, an over attention to the turn of a period, to the polishing of a sentence, and to the introduction of sparkling thoughts. In one or two introductories, I thought there was something slightly theatrical in the manner of delivery. When we consider that, at each of the introductories, there are always enough auditors present, who have decided to belong to the same school with the speaker, stoutly to applaud by stamping with their canes, it is greatly to the credit of the lecturers that they so uniformly prefer the solid, useful and instructive, to the brilliant and farfetched.

The introductory of Professor McLean, of the Jefferson College, was a thing wholly unique, and defied all classification. He appeared at his appointed hour in the amphitheatre, pale, emaciated and tremulous, from several weeks' severe prostration from malaria, encountered in his professional engagements on the banks of the Schuylkill. The lecture was in manuscript, as I believe were all the introductories. It was his first from the chair of a college. He first pointed to his auditory the faculty of the old college, many years ago, during his medical pupilage. The person, costume, manner and mode of lecturing of each professor was described so minutely that the various portraits were left with great distinctness on the memory. The large and attentive audiences of former days were depicted, and the deep silence and veneration of the pupils brought before us in glowing colors. In reverting to himself and to his own class, he

compared the acquisition of medical skill to the pursuit of the diamond. A thousand blows and many prolonged toils are required to break up the quarry; but when the gem was won and fairly placed on the brow, its distinguishing lustre could not be concealed nor obscured. So the deep-laid foundations of medical skill would be visible in a man's daily performances. As his chair was that of Midwifery, he illustrated the want of this diamond—genuine preparedness for the various emergencies of the practice—by introducing the young physician to his first important obstetrical case. He described minutely the young lady, her family, education, marriage, and her elegant mansion and apartments when settled in life and awaiting her confinement. He took his auditors into her private apartment and showed them what no man, not even her husband, had really seen, her drawer, her preparations, her dresses, &c., prepared for the little stranger. At length the nurse and doctor arrive, and the patient is examined. "All well." After some hours the face of the patient becomes flushed, the complaints are more urgent, the hand is frequently pressed on the head, and the usual expression, "I shall die," is heard. All these things appear common to the medical man. "But," said the lecturer, "did you hear her say 'my head aches'?" "No, you did not hear her say 'my head aches.'" From not observing this small circumstance, puerperal convulsions follow, and death closes the first important case of the young candidate for popular honors and employment, not wearing on his person the aforesaid diamond of professional skill. The description of this scene was so graphic that, though most of it was perfectly common, I cannot resist inserting this very lame representation, although at so great a distance of time. I do not know that Dr. M. will ever again attempt this graphic method. It certainly would not bear it frequently. Yet I do not believe that any of the introductories were heard with more deep abstraction than this. Towards the conclusion, he told the young men he would give them a secret. "Make yourselves useful, make yourselves necessary by the undisputed benefit of your services, and you may dismiss your fears about employment in any business." From the *irruption* of quotations from ancient and modern languages, it was evident that in the midst of a pressing business in the city, he contrived to preserve an intimacy with his silent companions on the shelves of his study.

There was one more lecture among the introductories, of a very different character, but equally *sui generis*, and more surprising. It was the very lecture, a part of which you have already re-printed in your Journal. Dr. Gibson's Introductory evinced a head that could plan and execute, and a heart that had the courage to ordain, laws for himself. The common conventionality of authors and lecturers were as cyphers in his estimation. He proposed for his subject his own autobiography, not only without acknowledging anything improper or unusual, but with the declaration that if a man did not publish his own merits nobody else would do it for him. He began with his early life, and conducted us to the day and hour of the lecture. It was an interesting biography, particularly to a medical class: and had it been told by another, it would have been heard with unmingled pleasure and admiration. During its

progress, I made many efforts to divest myself of all former notions of propriety, and to make myself believe that the man who had achieved such things in the surgical and medical world, and who evinced such undeniable proofs of genius, had not misjudged in striking out a new course for himself in interesting and instructing his class; and, although I have recurred many times in my recollections to the mingled emotions of amazement and applause which I experienced while hearing that lecture, I am still undecided whether Professor Gibson, in addressing six or eight hundred young men, many from the South and West (himself being a Baltimorean), did not gain as much by his unparalleled boldness and adroitness as he lost by his egregious aberration from the rules of modesty. I am sure Professor Gibson would not be offended should this sheet ever meet his eyes, because there was no concealment about his lecture. Its scope was explicit, avowed, without apology; nay, has been submitted to the public, I know not with what modifications by means of the press. He closed his lecture by a labored and most ingenious representation of the advantages of the venerable Institution in which he occupied the chair of surgery.

I purposely limit my specification of the lectures at the Colleges to these two. It would be very agreeable to enlarge on the varied excellences of these annual introductories; but it would be taking liberties with your pages entirely inadmissible.

I shall trouble your readers with only one more topic, and that is CLINICAL LECTURES. In this particular, Philadelphia certainly stands pre-eminent. I know from personal inspections, often repeated, that the New York Hospital has many advantages for clinical lectures. The Boston Hospital, too, from its excellent arrangements many years ago, I must suppose to have kept on in the march of improvement. But the Blockley Almshouse, on the west side of the Schuylkill, contains a pauper population of from two to four thousand; and among these, I was repeatedly told that four hundred patients is a low number, exclusive of the maniacs. Imagine all these to be lodged in one range of buildings, on moveable beds; and on the same floor with these wards, and in a central position, a very large amphitheatre constructed with every contiguous convenience for operations and exhibitions, into the centre of which the patients can be brought with perfect ease on their beds. Suppose, moreover, that the whole of these patients are divided between the University and Jefferson College, each of which Institutions has its own resident and consulting physicians and surgeons; and that these men, half on Wednesday and half on Saturday, select from their respective wards such groups of diseases as are most interesting, and exhibit them to their classes with the accompanying prescriptions and operations. Can such an arrangement fail to be useful? I have occasionally mingled in the groups of a clinical lecture, standing among the beds of the patients in a hospital. This is well when the circle of pupils is small. But at the Blockley, by means of the amphitheatre and the black-board, two hundred can share very well the advantages of a clinical lecture. While sitting in their seats, after the patients are carried out, the specimens of morbid anatomy, the result of recent dissections, are passed round to the

students, who can examine them thoroughly without the hindrance of the dissection, and contrast them with what they previously saw and heard of the disease. At each session about three hours are spent; one half devoted to the surgical and one half to the medical clinique. The respective institutions are not confined to their own public lecturers in selecting a man for the clinical chair. At the time of my visit Dr. Gerhard was giving the medical clinique in the chair of the University or old school, at the Blockley Hospital, which post entitles him to the superintendence, as a consulting physician, of one half of all the medical cases in the institution. This appointment was no leap in the dark. I cannot resist saying that I have never seen a physician who, I should fancy, would more resemble Dupuytren, in his habit of investigation, than this same Dr. Gerhard. I should imagine he had long taken up his abode in the hospitals of Europe. Like many of the medical aspirants of Philadelphia, he has served his time among foreign hospitals, and, I believe, by the side of Dupuytren. Slender and erect in his person, with a keen eye, and a face undoubtedly made thin by the midnight lamp, he assembles his group of patients in the middle of the theatre, with his auditors on seats rising around him, gives a clear and succinct description of the disease, enters most fully into its pathology, and with a familiarity and comprehensiveness that would surprise many a veteran practitioner who listened for the first time to a clinical lecture, comes up boldly to the diagnosis, specifying the seat and extent of the lesion, and clearly distinguishing it from its counterfeits; evinces no reserve nor dodging while on the prognosis, and discusses the *methodus curandi* on a basis evidently eclectic and rational, and drawn from prolonged and accurate observations of the multifarious plans in Europe and America. Bating a slight bearing which I thought was apparent towards the expectant method of the French, the therapeutics of Dr. G. appeared to be such as our best practitioners in Boston, New York and Philadelphia would approve. So compressed and rapid are his statements and reasonings, that you have no chance for idling, but are dragged on, on to the end; and you then feel that there is much that the young gentlemen must inevitably lose from their want of previous clinical experience and practical acquaintance with the subjects discussed.

From attending a single clinical lecture of Dr. Pancoast, from the Jefferson College, I think he may be set down as the opposite of Dr. Gerhard. Dr. P. is prolonged, exact, particular; and seems resolved that his pupils shall never forget the facts of the disease in question, and the steps of his operations. These lecturers are both good, but yet very different in method.

Of Dr. Gibson, the collaborator of Dr. Gerhard, I have already spoken. Surgery is his passion, I am told, and he is quite at home and unembarrassed before the class. I incidentally learned that some of his pupils were offended and indignant at some of his moral allusions and intimations respecting their own tastes and habits while lecturing on the venereal disease. As I entered the room after the lecture commenced, I did not hear the offensive expression; and from Dr. Gibson's high and commanding qualities, both as an operator and lecturer, I will not believe that he would

mar those shining talents by the exhibition of the underworkings of an impure heart. In a medical man it is bad enough, in all conscience, to be sure that you discover in him the turbid workings of internal defilement. But when a man of solid talents and high acquirements is understood to discover a relish for obscenity, and a desire to inflame rather than repress the head-strong promptings of young men, removed from the restraints of mothers, sisters and acquaintances, and thrown loose upon the purlieus of a wide city, it becomes us to pronounce the whole a mistake. How improbable that Dr. Gibson, in Physick's own chair, obtained by dint of his own merit, and retained by general consent, and feeling a strong desire for the honorable career of his pupils, should so far mistake his policy and his duty in lecturing to the north and south, east and west, as to allow one breath of suspicion to fall upon the purity of his taste or the integrity of his intentions.

As I have named three of these lecturers in the Blockley Hospital, permit me to introduce for one moment the only remaining one, Dr. Dunglison, of the Jefferson Medical College. There can be no mistake in saying of Dr. Dunglison's medical pursuits, he is "totus in illis." In addition to his private pupils and private practice, he promptly fulfils his hour four times a week in the College, and has the supervision of half the Blockley Hospital, besides his weekly lecture there. These, with the common et ceteras of a city life, would keep a man tolerably busy. But, in addition to this, he writes more books, as your readers well know, than any monk with the world shut out could originate; books, too, that the medical world demand to be re-printed again and again. "Labor, ipse voluntas." It is evident, Mr. Editor, that while the rest of us are asleep, this man is wide awake at his nocturnal labors; and yet he has the personal appearance of a well-fed, easy, plump, care-shunning body. Professor Dunglison's lectures are delivered with rapidity and clearness of enunciation, and I need hardly say they are rich and instructive.

It should be said, that, in addition to the Philadelphia Hospital, over the Schuylkill, just described, the original Pennsylvania Hospital yet remains in its excellence in the very heart of the city. So silent and clean and airy are its apartments, so urbane the officers and medical attendants, that I often felt constrained to loiter and seek retirement in the deep seclusion of its walls. Indeed, had I been taken sick in the city, I am almost certain I should have applied for one of its private apartments. It is scarcely possible for a public house to afford you equal comforts. The establishment occupies a whole square, and it is as still as a lodge in the wilderness. A change of medical officers occurred during my visits, and in addition to the requisite medical skill, these gentlemen, one and all, resident and consulting, manifested to me the most uniform kindness and urbanity. Capt. Marryatt and other Europeans have denominated the Blockley establishment the "beggar's palace," and none who have seen it can deny the propriety of the cognomen. But this old Hospital, with Penn's statue in bronze in the front yard, its tall ceilings, wide halls, ample library and apparatus, and all things so quiet and dignified, and even sylvan, is fit to be called the nobleman's nursery. Although the wards are not now very full, the mass having been consigned to Blockley,

yet even now there is an interesting field for pathological research and observation. The same mode of visits and lectures exists here as at Blockley, this institution being the prototype; excepting that the clinical lectures are delivered here by the bed-side.

Besides these two great institutions already described, there are I know not how many private institutions, dispensaries and specialties. I visited several, and found them cöoperating in the great business of medicine. In short, the business of teaching and lecturing seems to be the favorite employment of the profession. There may be twice as many out of the three Colleges giving lectures and instruction as within them. Some may do this simply for its emoluments, or from attachment to the business. Yet there *are* three rows of professional chairs in plain sight, any one of which would be a post of honor to the younger members of the profession. In this way the Colleges, although they are not limited to Philadelphia, have a corps of candidates under their daily observation.

We see, then, that the foundations of medical science are deeply laid in this city, that its fame and emoluments are eagerly sought by men of commanding powers, and that their rewards are of no stinted character. For many years medicine must, in the nature of things, stand prominent in the City of Brotherly Love. She has disciples who toil over the midnight lamp through the love of their calling and a desire to see it exalted: from many such I have received, and beg to acknowledge, the cordial welcome and the liberal interchange of professional opinion; and I ask permission, in conclusion, to say that, could many of my readers, who have been absent from schools and lectures many years, spend two or three weeks—nay, a winter—in a medical pilgrimage to Philadelphia or other of our flourishing schools where clinical lectures could be attended, they would in my opinion find the sacrifice greatly to enhance their future respectability and usefulness.

M. L. North.

Saratoga, January 29, 1842.

RUPTURE OF THE RECTO-VAGINAL WALL.

[Communicated for the Boston Medical and Surgical Journal.]

A respectable Irish woman, in February last, had a recto-vaginal opening produced by the long-continued pressure of the head of the child in parturition. The account given me of the case was, that she lay in severe labor five days, when the physician in attendance was finally favored with the advice and assistance of an experienced physician and accoucheur (George Landon, M.D.), of this city, who determined on the use of the forceps; but on applying them (the common short forceps), he found that the head was so much tumefied that the instrument could not embrace it so as to afford much assistance. However, by the use of ergot and what manual aid could be rendered, she was at length delivered of a dead child. On the ninth day after delivery, it was announced that the fæces passed *per vaginam*. An examination by her physician being made, an opening was found between the rectum and vagina, as large as a half dollar, which he very properly attributed to sloughing produced

by the protracted pressure of the head of the child. In this perplexing case, the physician then called on me, and wished to know what course of treatment I should pursue in like circumstances. I frankly told him that I should unite the parts by suture if possible, as the most probable means of effecting the union. He declared it impossible, and I then heard no more of the case until the expiration of three weeks after her delivery, when I was called on to visit her. She being abandoned by her physician, I was requested to take charge of her case. I found that a sponge had been introduced into the opening, and an attempt made to confine it, by passing a string through it, one end of which passed out through the rectum, and the other at the vagina, and tied centrally over the perineum. This I supposed was introduced to prevent the passage of the fæces through the fissure. But this produced much pain; and failing in its objects, and operating prejudicially by preventing the union of the sides of the orifice, I removed it. The lower angle of the opening was about two inches above the verge of the anus. The vaginal discharges were profuse and offensive; and when united with fæces, as was generally the case, they were offensive in the extreme. The patient, in this miserable condition, demanded the best-directed efforts for her cure, if such cure was practicable; for to linger out a life in such a loathsome condition, would be more horrid than death itself.

Accordingly I left her a syringe and a mild lotion to cleanse the parts for a day or two, as well as to give me a little time to devise ways and means for applying the suture. On a little reflection I thought of a plan which I proposed to try. I took a short, though large, tailor's needle, armed with a waxed ligature. I then prepared a tube four inches long, of sufficient calibre to receive the needle and ligature by its side. A wire of the same length, and of a size to fill the tube, having a button on the end, completed the apparatus. In operating, the patient was placed on a bed upon her back, with her head raised a little, having her feet resting on chairs standing by the side of the bed. I seated myself before her, and then inserted the needle, eye downwards, into the tube, till the point was within the tube. I next inserted the wire from the other end of the tube until it met the needle, the ligature hanging from the point of the tube. The tube thus armed, held between the index and second finger of the right hand, with the thumb on the button of the wire, was introduced into the rectum until it met the forefinger of my left hand previously inserted into the vagina and through the opening. The point of the tube being slipped about half an inch from the edge of the fissure, against the inner side of the rectum, the finger of the left hand resting against the vagina opposite the point of the tube, with one effort of the thumb the needle was thrust through the rectum and vagina against my finger; with which the needle was directed downwards towards the vulva, resting in the vagina. The tube was then withdrawn, and the needle withdrawn through the vagina by being caught in a pair of dressing forceps. That end of the ligature which yet hung out of the rectum was then passed through another needle, and, with the use of the tube and wire, conveyed through the opposite side of the fissure, and brought through and out of the vagina as before. Both ends of the ligature now

hanging out of the vagina, including a portion of each edge of the opening, the operation was finished by tying the ligature, being easily tightened with the finger in vagina. In this way I inserted two interrupted sutures, which perfectly closed the opening. One portion of each ligature was cut off high up in the vagina, and the other left even with the vulva.

The ligatures came away in three weeks, leaving an opening scarcely admitting my finger. The edge of the orifice was now very thick and hard. Succeeding so well, I was encouraged to make another effort; and in the presence of my friend, W. M. Smith, M.D., late professor at Willoughby Medical College, Ohio, I pared the edge of the orifice with a curved probe-pointed bistoury introduced through the rectum (having all but three fourths of an inch of its cutting edge covered with oiled-silk cloth), and then brought the sides of the opening well together with one deep stitch as before. Very soon after the insertion of the last stitch, a large hæmorrhoidal tumor appeared externally, which gave her much pain. Did the obstruction of vessels by the ligature produce this? The ligature remained two months and came away, when the patient informed me that she was cured. She has repeatedly told me since that she was free from the disease, and she attends to her business as before.

It is perhaps worthy of remark, that this case presents considerations of interest to patients as well as to the profession. To the former it shows that although their diseases are apparently hopeless, yet by patient perseverance they may not be irremediable. To physicians it teaches the danger of so long trusting such cases to nature, when her efforts are so ineffective and slow in accomplishing her ends; and also the importance of the most persevering industry in curing diseases which, if left uncured, render their victims through life loathsome to themselves and revolting to their friends.

T. Southworth.

Monroe, Mich., Jan. 26, 1842.

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BOSTON, FEBRUARY 23, 1842.

RAYMOND'S FRACTURE APPARATUS.

On two former occasions, we have endeavored to enlist the interest of surgeons in favor of Mr. Raymond's ingenious invention for the management of fractured limbs. It is gratifying to learn that some of the leading practitioners in western New York are testing its value. Dr. March, of Albany, is also making a trial of it. In the meanwhile we venture to publish a well-written letter upon the subject of the invention, from one who seems to understand precisely what the instrument is and what it should accomplish. The writer is Thomas Goodsell, M.D., of Utica, N.Y. Some of the improvements suggested by Dr. G. have been made, and others are in progress at the suggestion of competent judges, which are destined to enhance the already excellent properties of the machine.

"The modification and maintenance of position of the limb is important

to the speedy and perfect re-union of the fractured extremities of the bone: also the facility and safety with which the desired changes are effected is no small item of relief to the patient, and convenience to the surgeon. So far as flexion or extension of the knee is concerned, your running slides are exceedingly appropriate, whilst the general structure of the instrument is admirably adapted to assist the operator in carrying out his intentions as to the relative position of the fractured fragments, the proper length and natural direction of the limb, *which* during the curative process is well protected from superincumbent pressure, and also from injury from surrounding agents and ordinary casualties.

"The belt around the pelvis, rendered secure from rising by straps supported by the tuberosities of the ischia, provides a sure fixed point for counter-extension, and for the reception of the head of the external extending splint.

"The inguinal crutch upon the upper extremity of the internal splint, I apprehend, is objectionable; by its coming in contact, as it necessarily does, with important organs, and resting upon parts easily excoriated. Permit me, therefore, to recommend the substitution of an India-rubber cushion, adapted to, and by a deer-skin envelope made fast upon a curved spring plate, fixed upon the end of the splint; and further, I consider your mode of extension as being rational, simple and efficient, but susceptible of an important improvement, which I will suggest.

"As the necessity for extension is to counteract muscular contraction, which power seems to resist forcibly, even when a greater power than its own is *suddenly* applied, and yet yields kindly to a more preponderating one applied chronically and continually operative; therefore let a spiral spring of one quarter of an inch in diameter be embraced between two transverse metallic plates of half an inch in diameter, through the centre of each plate a hole to admit an unthreaded portion of the extending screws made somewhat less than the threaded portion, so that when run down for the purpose of extension it shall compress the spiral spring, and hence an undefined and elastic antagonizing power is created, and perpetually applied with preponderating force to that exerted by the muscles.

"With these alterations, I consider your apparatus competent to fulfil all the indications incident to that class of fractures for which it was got up. Besides several things new and important, it possesses all that is valuable in effect which appertains to every kindred instrument which I have used or seen for the purpose, from Dessault downward, and I would recommend it to the adoption of private practitioners, and to those engaged in our public hospitals."

Liston's Practical Surgery.—A second American edition of this able system, by one of the best living surgical operators, made its appearance last week from the correct press of Messrs. Thomas, Cowperthwaite & Co., Philadelphia, with additional notes and illustrations by Geo. W. Norris, M.D., one of the surgeons to the Pennsylvania Hospital. As a whole—paper, type and finish, to say nothing of the character of the matter—it is much like a thoroughly-made English book. A further value is imparted to this revised edition, by the introduction of one hundred and fifty wood engravings. The editor remarks in the preface, in regard to his own labors, which are engrafted on those of the author, now of universal renown, that he has restricted himself to adding a few brief notices

of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by Mr. Liston. Although Dr. Norris speaks very modestly of his own specific efforts to enhance the value of this excellent guide in surgical practice, we entertain the idea that he has really laid the younger surgeons under peculiar obligations for the manner in which he has made obscure points plain, and coupled the principles of American, with those of the best school of British surgery.

Our admiration is excited by the rapidity with which medical works of all classes and descriptions emanate from the different publishing houses in Philadelphia; they monopolize the manufacture of this class of writings —and we are glad that it is so, since they are so enterprising, judicious in selection, and faithful in mechanical execution. The new volume, to which these observations especially refer, may be procured at Messrs. Little & Brown's, Washington street, Boston—and so reasonable in price that every student can afford to own a copy.

Dr. Paine's Materia Medica.—One of the advantages of having this convenient little treatise always lying on the table, is, that a bird's-eye view is given in it of all the the principal articles of the materia medica, in the fewest words, and in the real order of their medicinal value. This is the essential improvement which the author has made, and it makes the work a better book of ready reference than the more bulky ones, familiar to us all, on the same subjects. To understand what is meant by *the order of their value*, emetics, for example, are grouped together thus :—1st, ipecacuanha; 2d, tartarized antimony; 3d, sulphate of zinc—sulph. copper; 4th, squills—bloodroot; 5th, thoroughwort, &c. Ipecac. holds the first rank—in other words, it is the best of all the emetics used; tartarized antimony is the next best, and so on through the whole legitimate catalogue. Then follow the doses, both for adults and children, with excellent practical observations, of invaluable service to young physicians, and by no means of doubtful utility to old ones. In this summary way, we have endeavored to convey an idea of Dr. Paine's new book, without being tedious—all the while perfectly conscious that he has a claim to a far more extended notice than has yet been given by this or any of our neighbor journalists. Those who have happened to look into our copy, have uniformly remarked, "what a useful companion this must be." It is on sale at Ticknor's, Washington street.

Young Mother's Medical Guide.—Our old friend Dr. Alcott, who will certainly die when he cannot labor in the field of knowledge, is preparing a small work with the above title, that may soon be expected. He very judiciously explains to mothers how far they can safely dispense with regular medical advice—and under what circumstances they cannot. Notwithstanding some of the author's radicalism on the subject of dietetics, about which we differ in good temper, he is a worthy, excellent man, for whose character and motives we entertain the most perfect respect.

Homœopathic Imposition.—In one of the daily papers there is an advertisement by a homœopathic practitioner in Boston, which is looked upon

the *ne plus ultra* of quackery. For the credit of the true and honest practitioners of that system of medicine, this advertisement demands their speedy attention, if they have any anxiety in regard to being the supposed associates of one who manifestly is determined to get his bread in exchange for brass. The doctor says: "Being reluctant to have his name remain long in print, he will discontinue this advertisement after a few insertions"! Modest man! how such delicacy is to be appreciated in this age of bombast and self-esteem. "*New Homœopathic abdominal tonic, superseding the abdominal supporter,—cordially approved by ladies of the most distinguished families in Boston and vicinity.* Dr. C.'s new homœopathic female medicines are daily and almost hourly called for by married and unmarried ladies of the same *intelligent class of society*"! We recognize gentlemen of the purest motives, and highly educated, who are heartily devoted to the doctrines of homœopathy, because they honestly and sincerely believe that it is the true mode of relieving the sick; and if they would have a discerning community think as well of them as we do, they are bound to discountenance such arrant quackery as this, or ultimately be identified with the same disreputable cause.

New Medical Works in London.—Physiology for the Public, by G. T. Hayden, Nos. 1 and 2.—Pharmaceutical Transactions.—Researches into the Causes, Nature and Treatment of the more prevalent Diseases of India, and of Warm Climates, 2d edition, by James Annesley, President of the Medical Board of Madras.—On Rheumatism, in its various forms, and on the Affections of the Internal Organs, more especially the Heart and Brain, &c., by R. McLeod, M.D.—Elements of Materia Medica and Pharmacy, by O'Brien Bellingham, M.D.—Diseases of the Heart, 2d edition.—Diseases of the Lungs, a tabular view, 2d edition, by O. Bellingham, M.D.—A Treatise on Dislocations, with 125 engravings on wood, by Sir A. Cooper, edited by Bransby Cooper.—The Natural Order of Diseases, a new synopsis, by R. Stevens.—The Philosophy of Mystery, by W. C. Dendy.—Practical Remarks on the Diseases of the Skin, on the external signs of Disorder, &c., during infancy and childhood, by the same author.—A Treatise on Diseases of the Eye, 2d edition, revised and enlarged, by W. Lawrence.—A Practical Treatise on Auscultation, by M. M. Barth.—Practical Essays, by Sir Charles Bell.—Elements of General Pathology, by John Fletcher, M. D.

On the Treatment of Old Fractures by Division of the Tendons. By Dr. Dieffenbach.—Dieffenbach has several times, in old cases of fracture of the patella or the olecranon, where the portions were dragged far apart, divided the adjacent tendons so as to be able to bring the portions together and, by friction of them one upon the other, to excite such action as might end in the formation of a shorter and firmer bond of union. In some cases considerable benefit was obtained after all other means had failed; in others the result was negative. Two examples are detailed; in one, an old ununited fracture of the ulna, he divided the tendon of the triceps, fixed the upper portion of the bone in its right place by a bandage, and every fourteen days rubbed it well against the lower one: in three months the union was firm. In another example, an old distantly united fracture of the patella, he divided the ligamentum patellæ and the rectus femoris about

three inches above the patella; then, by an appropriate bandage and constantly drawing the separated portions more closely together, he obtained at the end of some months a complete hardening of the interposed substance, and a considerable amelioration of the patient's state.—*Brit. and Foreign Med. Review, from Casper's Wochenschrift.*

Cure of Slight Degrees of Squinting without Tenotomy. By Dr. Dieffenbach.—When the strabismus is bu. slight, it often happens that after the division of one of the recti, its antagonist draws the eye too far in the opposite direction, and produces a strabismus only different in kind from that which existed before the operation. For these cases, therefore, Dieffenbach proposes, instead of dividing the muscles on the side *towards* which the eye squints, to cut out a portion of the conjunctiva from over the insertion of the muscle of the side *from* which it squints. The operation consists merely in raising up a fold of conjunctiva several lines wide with a pair of hooks, and cutting it off, with some of its subjacent cellular tissues, with a pair of curved scissors. The contraction of the cicatrix is sufficient to draw the eye into the straight position. In external strabismus, a larger portion of conjunctiva must be cut from over the internal rectus, than in cases of internal strabismus it is necessary to cut from over the opposite muscle; because the former kind of strabismus almost always depends on weakness, the latter on excessive energy of the rectus internus. —*Ibid.*

Medical Miscellany.—Mrs. Elizabeth Chase, of Boston, 102 years of age, has good sight and hearing, and attends church regularly.—There are 79 men in Hartford, Conn., upwards of 70 years of age—the oldest being 99. The population, in 1840, was 12,793.—Surgeon W. M. Ward, U. S. N., is ordered to rendezvous at Baltimore, Vice Surgeon H. S. Coulter detached.—An epidemic disease amongst horses, spoken of heretofore, still exists, but a little ameliorated in character.—Dr. Hitchcock, of New Orleans, has recovered $1000 damages for false imprisonment.—Assistant Surgeon H. D. Taliaferro, of the Navy, is ordered to the sloop of war Ontario, Vice Dr. S. W. Kellogg detached, on account of ill health.—Small-pox has appeared at Milledgeville, greatly alarming the inhabitants. A hospital has been provided and efforts made to circumscribe the spread of the disease.—One case of varioloid occurred last week at Reading, Mass. Cases have also appeared in the neighborhood of Pawtucket, R. I.—About forty persons have died at Toledo, Michigan, by ulceration of the throat. —Dr. Eldridge, who made such wide-spread noise in the world about a year since, in Philadelphia, is prosecuting banks, police officers, &c., for damages; he was originally arrested for forgery.—A bill concerning the practice of physic and surgery, in Massachusetts, was committed last week to the committee on the judiciary.—A very fatal disorder, called the black fever, has recently made sad ravages among the rural population near Akendale, in Yorkshire, Eng.—A mode of preventing the effluvium from the decomposition of dead bodies, has been suggested by filling the coffin with plaster of Paris.

Number of deaths in Boston for the week ending Feb. 19, 40.—Males, 19; Females, 21. Stillborn, 1.
Of consumption, 4—old age, 2—dropsy in the head, 2—child-bed, 2—lung fever, 7—disease of the brain, 1—canker-rash, 1—hooping cough, 1—scarlet fever, 6—apoplexy, 1—erysipelas, 1—croup, 1—intemperance, 2—inflammation of the bowels, 1—infantile, 3—convulsions, 1—brain fever, 1—complication of diseases, 1—unknown, 2.

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